



# **Follow-up Health Questionnaire for Women (Version C: Spouse)**

Last Updated May 8, 2001  
File name: FCSP1203.wpd

**This questionnaire is intended to be administered utilizing a CATI system. The following specific information will be available electronically prior to the start of the interview:**

- Subject Name
- Gender
- FFHQ = not completed
- Birth Date
- Enrollment Year
- Current Date
- Current Time

In this document and when using the CATI system:

**LARGE CASE PRINT = instructions to the interviewer; do not read these to the respondent**

**Shaded Areas** = instructions to the programmer (will not appear on CATI screen); do not read to the respondent

**Underline** = portions of the question to be verbally stressed by interviewer; will appear as bold text on CATI

**Bold** = questions and introductory statements to be read to the respondent; will appear on CATI as regular text

**(Parenthesis)** = clauses that the interviewer can choose to read or not to read, depending on the flow of the interview and the respondent's grasp of the question

**< >** Interviewer will be reminded that the response is out of normal range and asked to verify.

**<< >>** = response range. Response edit check. Responses outside this designated range will not be accepted.

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**WHEN CONDUCTING AN INTERVIEW WITHOUT USING THE CATI SYSTEM, FILL IN:**

**Respondent ID # \_\_\_\_\_ Name of Interviewer \_\_\_\_\_**

**(Date of Interview \_\_\_/\_\_\_/\_\_\_ Time Interview Started: \_\_\_\_\_ Time Interview Ended \_\_\_\_\_)**

- Call Result (on CATI):** 1. Consent                      2. Refuse                      3. Applicator is deceased                      4. Applicator chronically ill
5. Applicator is unable to participate because of language difficulties                      6. Applicator is unable to participate for other reasons                      7. Maxed

**INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE.**

MM DD YY

**Follow-up health questionnaire for women in the AHS - Version C  
alternate questionnaire for women who did not complete a FFHQ**

[TO BE COMPLETED BY SPOUSES WHO ENROLLED BY TELEPHONE AND THEREFORE DID NOT PROVIDE DATA FROM THE FFHQ. THE FEW WHO DID SEND IN A FFHQ AFTER INTERVIEW SHOULD GET VERSION A OR VERSION B, AS APPROPRIATE. WOMEN WHO ENROLLED BY COMPLETING A MAILED SPOUSE QUESTIONNAIRE (Q1B) BUT DID NOT COMPLETE A FFHQ SHOULD ALSO GET VERSION C.]

Now I'm going to ask you some general questions about your health and lifestyle.

**1. How tall are you?**

S2\_HGTFT ENTER # OF FEET \_\_\_\_\_  DK  REF  
<5> <<1-7>>

S2\_HGTIN ENTER # OF INCHES \_\_\_\_\_  DK  REF  
<<0-11>>

**2. How much do you weigh now?**

S2\_WEIGHT \_\_\_\_\_ (# of pounds)  DK  REF  
<90-300> <<1-997>>

**3. How would you describe your use of cigarettes?**

S2\_SMOKE\_STATUS READ ALL RESPONSES  
1. Never a smoker  DK  
2. Currently a smoker  REF  
3. Former smoker

**4a. During the last year, about how many drinks of beer, wine or liquor did you have on a typical weekend?  
(One beer, one glass of wine, or one shot of liquor counts as one drink.)**

S2\_DRINK\_WKEND \_\_\_\_\_ (Fill in)  DK  REF  
<0-12> <<0-97>>

**4b. About how many drinks altogether did you have during the rest of the week?**

S2\_DRINK\_DURWK \_\_\_\_\_ (Fill in) **[If Q4a and Q4b=00, Go to Q5a]**  DK  REF  
<0-15> <<0-97>>

4c. During the last year, about how many times did you have 5 or more drinks on one occasion?

S2\_DRINK\_FVONE

\_\_\_\_\_ times \_\_\_\_\_DK \_\_\_\_\_REF  
<0-26> <<0-365>>

These next questions are about medical conditions you may have:

5a. Has a doctor or other health professional ever told you that you had a heart attack (or myocardial infarction)?

S2\_MI

1. yes \_\_\_\_\_REF[go to Q5b]  
2. no [go to Q5b] \_\_\_\_\_DK [go to Q5b]

5a1. How old were you when the doctor first told you that you had (this /a heart attack)?

S2\_MI\_AGE

\_\_\_\_\_DK \_\_\_\_\_REF  
<30-97 & LT or E current age> <<0-97>>

5b. (Has a doctor or other health professional ever told you that you had) an irregular heart beat (or arrhythmia)?

S2\_ARRYTH

1. yes \_\_\_\_\_REF[go to Q5c]  
2. no [go to Q5c] \_\_\_\_\_DK [go to Q5c]

5b1. How old were you when the doctor first told you that you had (this /an irregular heart beat)?

S2\_ARRYTH\_AGE

\_\_\_\_\_DK \_\_\_\_\_REF  
<18-current age> <<0-97>>

5b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

S2\_ARRYTH\_MED

1. yes \_\_\_\_\_REF  
2. no \_\_\_\_\_DK

5c. (Has a doctor or other health professional ever told you that you had) high blood pressure or hypertension?

S2\_HBP

1. yes \_\_\_\_\_REF[go to Q5d]  
2. no [go to Q5d] \_\_\_\_\_DK [go to Q5d]

5c1. How old were you when the doctor first told you that you had (this /high blood pressure or hypertension)?

S2\_HBP\_AGE

\_\_\_\_\_DK \_\_\_\_\_REF  
<18-current age> <<0-97>>

**5c2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?**

S2\_HBP\_MED 1. yes \_\_\_\_\_REF  
2. no \_\_\_\_\_DK

**5d. (Has a doctor or other health professional ever told you that you had) diabetes or high blood sugar, other than when pregnant?**

S2\_DIABETES 1. yes \_\_\_\_\_REF[go to Q5e]  
2. no [go to Q5e] \_\_\_\_\_DK [go to Q5e]

**5d1. How old were you when the doctor first told you that you had (this/ diabetes or high blood sugar)?**

S2\_DIABETES\_AGE \_\_\_\_\_DK \_\_\_\_\_REF  
<0-current age> <<0-97>>

**5d2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?**

S2\_DIABETES\_MED 1. yes \_\_\_\_\_REF[go to Q5e]  
2. no [go to Q5e] \_\_\_\_\_DK [go to Q5e]

**5d2a. Do you take insulin shots?**

S2\_INSULIN 1. yes \_\_\_\_\_REF  
2. no \_\_\_\_\_DK

**5e. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?**

S2\_THYROID 1. yes \_\_\_\_\_REF[go to Q5f]  
2. no [go to Q5f] \_\_\_\_\_DK [Go to Signal Screen, then if DK go to Q5f]

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**SIGNAL SCREEN:**

**PLEASE PROBE FOR BETTER ANSWER:**

Was it an overactive thyroid or hyperthyroidism problem like Grave's Disease, or thyrotoxicosis?

**IF NO:**

Was it an underactive thyroid or hypothyroidism problem like Hashimoto's Disease, or some other autoimmune disease?

**IF NO:**

Was it an enlarged thyroid, thyroid nodules or Goiter?

PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION

PRESS 'S' IF DK OR NO TO ALL OF ABOVE

\*\*\*\*\*

**5e1. Were you ever told you had an overactive thyroid (also called hyperthyroidism)?**

S2\_HYPERTHY 1. yes  REF[go to Q5e2]  
 2. no  [go to Q5e2]  DK [go to Q5e2]

**5e1a. Was it due to Graves disease?**

S2\_GRAVES 1. yes  REF[go to Q5e1b]  
 2. no  [go to Q5e1b]  DK [go to Q5e1b]

**5e1a. How old were you when the doctor first told you that you had (this /Graves disease)?**

S2\_GRAVES\_AGE \_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e1a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_GRAVES\_MED 1. yes  REF  
 2. no  DK  
**[all responses Go to Q5e2]**

**5e1b. Was it due to thyrotoxicosis?**

S2\_THYROTOX 1. yes  REF[go to Q5e1c]  
 2. no  [go to Q5e1c]  DK [go to Q5e1c]

**5e1bl. How old were you when the doctor first told you that you had (this /thyrotoxicosis)?**

S2\_THYROTOX\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e1b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_THYROTOX\_MED

1. yes  REF  
 2. no  DK

**[all responses Go to Q5e2]**

**5e1c. Was there some other cause that was identified?**

S2\_HYPERTHY\_OTH

1. yes  REF **[go to Q5e2]**  
 2. no  DK **[go to Q5e2]**

**5e1c1. What was this cause?**

S2\_HYPERTHY\_OTH\_SPC

\_\_\_\_\_  DK  REF

**5e1c2. How old were you when the doctor first told you that you had this condition?**

S2\_HYPERTHY\_OTH\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e1c3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_HYPERTHY\_OTH\_MED

1. yes  REF  
 2. no  DK

**[all responses Go to Q5e2]**

**5e2. (Were you ever told you had) an underactive thyroid (also called hypothyroidism)?**

S2\_HYPOTHY

1. yes  REF **[go to Q5e3]**  
 2. no  DK **[go to Q5e3]**

**5e2a. Was this due to thyroiditis, Hashimoto's disease or autoimmune disease?**

S2\_HASHIMOTO

1. yes  REF **[go to Q5e2b]**  
 2. no  DK **[go to Q5e2b]**

**5e2a1. How old were you when the doctor first told you that you had this condition?**

S2\_HASHIMOTO\_AGE

\_\_\_\_\_  DK  REF  
 <<0-current age> <<0-97>>

**5f2a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_HASHIMOTO\_MED

1. yes  REF  
 2. no  DK

[all responses Go to Q5e3]

**5e2b. Was there some other cause identified?**

S2\_HYPOTHY\_OTH

1. yes  REF [go to Q5e3]  
 2. no  DK [go to Q5e3]

**5e2b1. What was this cause? \_\_\_\_\_**

S2\_HYPOTHY\_OTH\_SPC

DK  REF

**5e2b2. How old were you when the doctor first told you that you had this condition?**

S2\_HYPOTHY\_OTH\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e2b3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_HYPOTHY\_OTH\_MED

1. yes  REF  
 2. no  DK

[all responses Go to Q5e3]

**5e3. (Were you ever told you had) an enlarged thyroid, thyroid nodules or Goiter?**

S2\_GOITER

1. yes  REF [go to Q5e4]  
 2. no  DK [go to Q5e4]

**5e3a. How old were you when the doctor first told you that you had (this /an enlarged thyroid, thyroid nodules or Goiter)?**

S2\_GOITER\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e3b. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_GOITER\_MED

1. yes  REF  
 2. no  DK

[all responses Go to Q5e4]

**5e4. (Were you ever told you had) some other thyroid problem?**

S2\_THYROID\_OTH

1. yes  REF [go to Q5f]  
 2. no  DK [go to Q5f]

**5e4a. What was this?**

S2\_THYROID\_OTH\_SPC

\_\_\_\_\_  DK [Go to 5f]  REF [Go to 5f]

**5e4b. How old were you when the doctor first told you that you had this condition?**

S2\_THYROID\_OTH\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5e4c. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_THYROID\_OTH\_MEDD

1. yes  REF  
 2. no  DK

**5f. Has a doctor or other health professional ever told you that you had rheumatoid arthritis?**

S2\_RHEUMATOID

1. yes  REF [go to Q5g]  
 2. no  DK [go to Q5g]

**5f1. How old were you when the doctor first told you that you had (this /rheumatoid arthritis)?**

S2\_RHEUMATOID\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>



**5i1. How old were you when the doctor first told you that you had (this /benign breast disease)?**

S2\_BREAST\_DIS\_AGE

\_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5j. (Has a doctor or other health professional ever told you that you had) kidney stones?**

S2\_KIDNEYSTONE

1. yes  REF **[go to Q5k]**  
2. no  **[go to Q5k]**  DK **[go to Q5k]**

**5j1. How old were you when the doctor first told you that you had (this /kidney stones)?**

S2\_KIDNEYSTONE\_AGE

\_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5k. (Has a doctor or other health professional ever told you that you had) kidney disease or kidney failure?**

S2\_KIDNEYFAIL

1. yes  REF **[go to Q5l]**  
2. no  **[go to Q5l]**  DK **[go to Q5l]**

**5k1. How old were you when the doctor first told you that you had (this /kidney disease or kidney failure)?**

S2\_KIDNEYFAIL\_AGE

\_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5l. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis?**

S2\_SCLERODERMA

1. yes  REF **[go to Q5m]**  
2. no  **[go to Q5m]**  DK **[go to Q5m]**

**5l1. How old were you when the doctor first told you that you had (this /scleroderma or systemic sclerosis)?**

S2\_SCLERODERMA\_AGE

\_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5l2. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck or trunk?**

S2\_SCLERODERMA\_LGSKN

1. yes  REF  
2. no   DK

**5l3. Have you ever had thickening or tightening of the skin on your fingers or toes?**

S2\_SCLERODERMA\_TOSKN 1. yes  REF   
2. no  DK

**5m. (Has a doctor or other health professional ever told you that you had) lupus (SLE)?**

S2\_LUPUS 1. yes  REF  [go to Q5n]  
2. no  [go to Q5n]  DK  [go to Q5n]

**5m1. How old were you when the doctor first told you that you had (this /lupus)?**

S2\_LUPUS\_AGE \_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5m2. Have you had an antinuclear antibody, ANA, FANA, or LE prep blood test for lupus?**

S2\_LUPUS\_TEST 1. yes  REF   
2. no  DK

**5m3. Have you ever had a rash on your cheeks for more than a month?**

S2\_LUPUS\_RASH 1. yes  REF   
2. no  DK

**5n. (Has a doctor or other health professional ever told you that you had) sjogren's disease?**

S2\_SJOGREN 1. yes  REF  [go to Q5o]  
2. no  [go to Q5o]  DK  [go to Q5o]

**5n1. How old were you when the doctor first told you that you had (this /sjogren's disease)?**

S2\_SJOGREN\_AGE \_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5o. (Has a doctor or other health professional ever told you that you had) inflammatory bowel disease such as Crohn's disease or ulcerative colitis?**

S2\_CROHN 1. yes  REF  [go to Q5p]  
2. no  [go to Q5p]  DK  [go to Q5p]

**5o1. How old were you when the doctor first told you that you had (this /inflammatory bowel disease such as Crohn's disease or ulcerative colitis)?**

S2\_CROHN\_AGE

\_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5p. (Has a doctor or other health professional ever told you that you had) myasthenia gravis?**

S2\_MYASTHENIA

1. yes  REF [\[go to Q5q\]](#)  
2. no [\[go to Q5q\]](#)  DK [\[go to Q5q\]](#)

**5p1. How old were you when the doctor first told you that you had (this /myasthenia gravis)?**

S2\_MYASTHENIA\_AGE

\_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5q. (Has a doctor or other health professional ever told you that you had) vitiligo resulting in a loss of pigment on the skin?**

S2\_VITILIGO

1. yes  REF [\[go to Q5r\]](#)  
2. no [\[go to Q5r\]](#)  DK [\[go to Q5r\]](#)

**5q1. How old were you when the doctor first told you that you had (this / vitiligo)?**

S2\_VITILIGO\_AGE

\_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5r. (Has a doctor or other health professional ever told you that you had) eczema?**

S2\_ECZEMA

1. yes  REF [\[go to Q5s\]](#)  
2. no [\[go to Q5s\]](#)  DK [\[go to Q5s\]](#)

**5r1. How old were you when the doctor first told you that you had (this /eczema)?**

S2\_ECZEMA\_AGE

\_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5s. (Has a doctor or other health professional ever told you that you had) psoriasis?**

S2\_PSORIASIS

1. yes  REF [\[go to Q5t\]](#)  
2. no [\[go to Q5t\]](#)  DK [\[go to Q5t\]](#)

**5s1. How old were you when the doctor first told you that you had (this / psoriasis)?**

S2\_PSORIASIS\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

**5t. (Has a doctor or other health professional ever told you that you had) an allergy to bees, wasps or other insects?**

S2\_ALLERGY\_BEE

1. yes  REF [\[go to Q5u\]](#)  
 2. no [\[go to Q5u\]](#)  DK [\[go to Q5u\]](#)

**5t1. How old were you when the doctor first told you that you had (this / an allergy to bees, wasps or other insects)?**

S2\_ALLERGY\_BEE\_AGE

\_\_\_\_\_  DK  REF  
 <0-current age> <<0-97>>

The following questions are about injuries and neurologic problems.

**5u. Have you ever had a head injury that required medical attention?**

S2\_INJURY\_HEAD

1. yes  REF [\[go to Q5v\]](#)  
 2. no [\[go to Q5v\]](#)  DK [\[go to Q5v\]](#)

**5u1. Were you knocked unconscious?**

S2\_INJURY\_HEAD\_KO

1. yes  REF  
 2. no  DK

**5v. Have you ever had a neck, back, or spinal cord injury that required medical attention?**

S2\_INJURY\_SPINE

1. yes  REF  
 2. no  DK

**5w. Have you ever had post-polio syndrome, a leg injury, or some other problem that makes it difficult for you to walk?**

S2\_INJURY\_LEG

1. yes  REF  
 2. no  DK

**5x. (Has a doctor or other health professional ever told you that you had) epilepsy?**

S2\_EPILEPSY

1. yes  REF [\[go to Q5y\]](#)  
 2. no [\[go to Q5y\]](#)  DK [\[go to Q5y\]](#)

**5x1. How old were you when the doctor first told you that you had (this /epilepsy)?**

S2\_EPILEPSY\_AGE

\_\_\_\_\_  DK  REF  
<0-current age> <<0-97>>

**5x2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

S2\_EPILEPSY\_TRT

1. yes  REF  
2. no  DK

**5y. (Has a doctor or other health professional ever told you that you had) ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig's disease?**

S2\_ALS

1. yes  REF [\[go to Q5z\]](#)  
2. no [\[go to Q5z\]](#)  DK [\[go to Q5z\]](#)

**5y1. How old were you when the doctor first told you that you had (this /ALS)?**

S2\_ALS\_AGE

\_\_\_\_\_  DK  REF  
<40-current age> <<0-97>>

**5z. (Has a doctor or other health professional ever told you that you had) multiple sclerosis?**

S2\_MS

1. yes  REF [\[go to Q5aa\]](#)  
2. no [\[go to Q5aa\]](#)  DK [\[go to Q5aa\]](#)

**5z1. How old were you when the doctor first told you that you had (this /multiple sclerosis)?**

S2\_MS\_AGE

\_\_\_\_\_  DK  REF  
<18-current age> <<0-97>>

**5aa. (Has a doctor or other health professional ever told you that you had) Parkinson's disease?**

S2\_PARKINSON

1. yes  REF [\[go to Q5bb\]](#)  
2. no [\[go to Q5bb\]](#)  DK [\[go to Q5bb\]](#)

**5aa1. How old were you when the doctor first told you that you had (this / Parkinson's disease)?**

S2\_PARKINSON\_AGE

\_\_\_\_\_  DK  REF  
<40-current age> <<0-97>>

**5aa2. Have you ever taken Sinemet, Atamet, L-dopa, Atamet, L-dopa, Mirapex, pramipexole, Requip, ropinirole, Permax, or pergolide for Parkinson's Disease?**

S2\_PARKINSON\_MED      1. yes      \_\_\_REF[go to Q5aa3]  
 2. no      [go to Q5aa3]      \_\_\_DK [go to Q5aa3]

**5aa2a. Did your symptoms improve?**

S2\_PARKINSON\_IMPR      1. yes      \_\_\_REF  
 2. no      \_\_\_DK

**5aa3. Do your Parkinson's disease symptoms seem to be worse:**

S2\_PARKINSON\_SIDE      READ RESPONSES  
 1. On the right side of your body      \_\_\_REF  
 2. On your left side      \_\_\_DK  
 3. No difference between sides  
**[ALL RESPONSES go to Q6]**

**5bb. Do you shuffle your feet or take tiny steps when you walk?**

S2\_PARK\_STEP      1. yes      \_\_\_REF  
 2. no      \_\_\_DK

**5cc. Do you move more slowly than other people your age?**

S2\_PARK\_SLOW      1. yes      \_\_\_REF  
 2. no      \_\_\_DK

**5dd. Do your arms or legs shake?**

S2\_PARK\_LEGS\_SHAKE      1. yes      \_\_\_REF  
 2. no      \_\_\_DK

**5ee. Do your hands shake?**

S2\_PARK\_HAND\_SHAKE      1. yes      \_\_\_REF[go to Q5ff]  
 2. no      [go to Q5ff]      \_\_\_DK [go to Q5ff]

**5ee1. Is this worse when you are doing something using your hands or at rest?**

S2\_PARK\_HAND\_WORSE      1. during use      \_\_\_REF  
 2. at rest      \_\_\_DK  
 3. no, the same

**5ff. Have you been told by a health professional that you have a tremor such as essential, familial, or benign tremor?**

S2\_PARK\_TREMOR 1. yes  REF  
 2. no  DK

**5gg. Do you have a problem with your balance?**

S2\_PARK\_BALANCE 1. yes  REF [go to Q5hh]  
 2. no  [go to Q5hh] DK [go to Q5hh]

**5gg1. Do you sometimes fall because your balance is poor?**

S2\_PARK\_FALL 1. yes  REF  
 2. no  DK

**5hh. Is your handwriting smaller than it once was?**

S2\_PARK\_WRITE 1. yes  REF  
 2. no  DK

**5ii. Do people tell you that your voice is softer than it once was?**

S2\_PARK\_VOICE 1. yes  REF  
 2. no  DK

**Now I am going to ask you some questions about your vision.**

**6. Are you blind in either eye or in both eyes?**

S2\_BLIND 1. Yes, one eye  
 2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN'T MEAN TO ENTER NO> [Go to Q6b]  
 3. No  
 DK  
 Ref

**6a. Do you wear glasses to help correct nearsightedness (difficulty with distance vision) or farsightedness (difficulty with reading or other close vision) or both?**

S2\_GLASSES 1. No  DK  
 2. Yes, for nearsightedness [Go to Q6a2]  REF  
 3. Yes, for farsightedness [Go to Q6b]  
 4. Yes, for both [Go to Q6a2]  
 5. Yes, for other reasons [Go to Q6a2]

**6a1. Do you wear reading glasses?**

S2\_GLASSES\_READING 1. yes \_\_\_REF  
2. no \_\_\_DK

[all responses Go to Q6b]

**6a2. Do you wear bifocals?**

S2\_GLASSES\_BIFOCAL 1. yes \_\_\_REF  
2. no \_\_\_DK

**6b. Has an eye doctor or other health practitioner ever told you that you have cataracts?**

S2\_CATARACTS 1. yes \_\_\_REF[go to Q6c]  
2. no [go to Q6c] \_\_\_DK [go to Q6c]

**6b1. How old were you when this condition was first diagnosed?**

S2\_CATARACTS\_AGE  
\_\_\_\_\_ \_\_\_DK \_\_\_REF  
<18-current age> <<0-97>>

**6b2. Were you given any treatment for this condition?**

S2\_CATARACTS\_MED 1. yes \_\_\_REF  
2. no \_\_\_DK

**6c. (Has an eye doctor or other health practitioner ever told you that you have) glaucoma?**

S2\_GLAUCOMA 1. yes \_\_\_REF[go to Q6d]  
2. no [go to Q6d] \_\_\_DK [go to Q6d]

**6c1. How old were you when this condition was first diagnosed?**

S2\_GLAUCOMA\_AGE  
\_\_\_\_\_ \_\_\_DK \_\_\_REF  
<18-current age> <<0-97>>

**6c2. Were you given any treatment for this condition?**

S2\_GLAUCOMA\_MED 1. yes \_\_\_REF  
2. no \_\_\_DK

**6d. (Has an eye doctor or other health practitioner ever told you that you have) a detached retina?**

S2\_DET\_RETINA            1. yes                            \_\_\_REF[go to Q6e]  
    2. no    **[go to Q6e]**                    \_\_\_DK **[go to Q6e]**

**6d1. How old were you when this condition was first diagnosed?**

S2\_DET\_RETINA\_AGE  
    \_\_\_\_\_                            \_\_\_DK \_\_\_REF  
    <0-current age> <<0-97>>

**6d2. Were you given any treatment for this condition?**

S2\_DET\_RETINA\_MED            1. yes                            \_\_\_REF  
    2. no                                \_\_\_DK

**6e. (Has an eye doctor or other health practitioner ever told you that you have) retinal or macular degeneration?**

S2\_MACULAR\_DEG            1. yes                            \_\_\_REF[go to Q7]  
    2. no    **[go to Q7]**                    \_\_\_DK **[go to Q7]**

**6e1. How old were you when this condition was first diagnosed?**

S2\_MACULAR\_DEG\_AGE  
    \_\_\_\_\_                            \_\_\_DK \_\_\_REF  
    <30-97 & LT or E current age> <<0-97>>

**6e2. Were you given any treatment for this condition?**

S2\_MACULAR\_DEG\_MED            1. yes                            \_\_\_REF  
    2. no                                \_\_\_DK

**An important part of women's health is their reproductive history. The following questions are about your menstrual cycles and reproductive history.**

**7. How old were you when you started having menstrual periods?**

S2\_BEGPER  
    \_\_\_\_\_ years old                            \_\_\_DK \_\_\_REF  
    <9-16> <<7-20>>

**8. Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?**

S2\_MENOPAUSE            1. yes    **[go to Q9]**                    \_\_\_REF  
    2. no                                \_\_\_DK



**8d1. Not counting time when you stopped, for how many years altogether did you take birth control pills?**

S2\_BC\_PILLS\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
<1-current age> <<1-97>>

**8d2. Are you currently taking birth control pills?**

**BIRTH CONTROL PILLS CAN BE TAKEN FOR ANY REASON - NOT JUST BIRTH CONTROL**

S2\_BC\_PILLS\_NOW

1. yes \_\_\_\_\_REF  
2. no \_\_\_\_\_DK

**8e. Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera?**

**Include pills and patches.**

S2\_HRT

1. yes \_\_\_\_\_REF[go to Q14]  
2. no [go to Q14] \_\_\_\_\_DK [go to Q14]

**8e1. How many years altogether did you take hormone replacement therapy?**

S2\_HRT\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
<0-current age> <<0-97>>

**8e2. During any of those years were you taking estrogen and progesterone together for all or part of the month?**

S2\_HRT\_EP

1. yes \_\_\_\_\_REF[go to Q8e3]  
2. no [go to Q8e3] \_\_\_\_\_DK [go to Q8e3]

**8e21. How many years altogether did you take both estrogen and progesterone?**

S2\_HRT\_EP\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF

**8e3. Are you currently taking hormone replacement therapy?**

**HORMONE REPLACEMENT IS NOT JUST FOR WOMEN WHO HAVE COMPLETED MENOPAUSE**

S2\_HRT\_NOW

1. yes \_\_\_\_\_REF  
2. no \_\_\_\_\_DK

**[ALL RESPONSES Go to Q14]**

**9. How old were you when you had your last menstrual period?**

S2\_LMPAGE

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
 <40-97 and less than or equal to current age> <<0-97>>

**[Go to Q10 unless, AGE GIVEN IS ONE YEAR LESS THAN CURRENT AGE (e.g. if current age is 50 and answer to 9 is 49):**

**9a. Did your last period come more than a year ago, or was it within the last 12 months?**

S2\_LMP\_1YRAGO

- 1. More than a year ago \_\_\_\_\_REF
- 2. Within the last 12 months \_\_\_\_\_DK

**10. Did you have surgery or some treatment that led to menopause?**

S2\_MENO\_SURGERY

- 1. yes \_\_\_\_\_REF **[go to Q11]**
- 2. no **[go to Q11]** \_\_\_\_\_DK **[go to Q11]**

**10a. Did you have:**

S2\_MENO\_TREAT

- 1. Hysterectomy with uterus and both ovaries removed? **[go to Q11]**
- 2. Uterus and only one ovary removed? **[go to Q11]**
- 3. Just uterus removed? **[go to Q11]**
- 4. Only ovaries removed? **[go to Q11]**
- 5. Surgery but don't know what type? **[go to Q11]**
- 6. Radiation or chemotherapy? **[go to Q11]**
- 7. Other-specify  
 \_\_\_\_\_REF **[go to Q11]**  
 \_\_\_\_\_DK **[go to Q11]**

**16a. What type of surgery did you have?**

S2\_MENO\_TREAT\_SPC

\_\_\_\_\_ (specify) \_\_\_\_\_DK \_\_\_\_\_REF

**11. Have you ever taken birth control pills for any reason?**

S2\_BC\_PILLS

- 1. yes \_\_\_\_\_REF **[go to Q12]**
- 2. no **[go to Q12]** \_\_\_\_\_DK **[go to Q12]**

**11a. Not counting time when you stopped, how many years altogether did you take birth control pills?**

S2\_BC\_PILLS\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
<1-current age> <<1-97>>

**12. Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera? Include pills and patches.**

S2\_HRT

1. yes \_\_\_\_\_REF[go to Q13]  
2. no [go to Q13] \_\_\_\_\_DK [go to Q13]

**12a. How many years altogether have you taken hormone replacement therapy?**

S2\_HRT\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
<0-current age> <<0-97>>

**12b. During any of those years were you taking estrogen and progesterone together for all or part of the month?**

S2\_HRT\_EP

1. yes \_\_\_\_\_REF[go to Q13]  
2. no [go to Q13] \_\_\_\_\_DK [go to Q13]

**12b1. How many years altogether did you take both estrogen and progesterone?**

S2\_HRT\_EP\_YRS

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF

**[If Q11 and Q12 = No, DK or Ref, Go to Q15]**

**13. Were you taking birth control pills or estrogen replacement therapy at the time of your last menstrual period?**

S2\_BC\_HRT\_LMP

1. yes [go to Q15] \_\_\_\_\_REF[go to Q15]  
2. no [go to Q15] \_\_\_\_\_DK [go to Q15]

**The following questions ask about pregnancy.**

**14. Have you ever been pregnant? Please consider all pregnancies, including a current pregnancy and those that were lost.**

S2\_PREGNANT\_EVER

1. yes \_\_\_\_\_REF[go to Q21]  
2. no [go to Q21] \_\_\_\_\_DK [go to Q21]

**14a. How many times have you been pregnant?**

S2\_PREGNANT\_TIMES

\_\_\_\_\_ times \_\_\_\_\_DK \_\_\_\_\_REF  
<1-5> <<1-97>>

**14b. How old were you the first time you became pregnant?**

S2\_FIRST\_PREG\_AGE

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF

**14c. Are you currently pregnant?**

S2\_PREGNANT\_NOW

1. yes \_\_\_\_\_REF[go to Q16]

2. no [go to Q16] \_\_\_\_\_DK [go to Q16]

**14c1. When is your baby due?**

S2\_PREGNANCY\_DUE

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_DK \_\_\_\_\_REF  
MM DD YYYY

[If Q14c=yes, and Q14a= 1, Go toQ21; otherwise GO to Q16]

The following questions ask about pregnancy.

**15. Have you ever been pregnant? Please consider all pregnancies, including any that were lost.**

S2\_PREGNANT\_EVER

1. yes \_\_\_\_\_REF[go to Q21]

2. no [go to Q21] \_\_\_\_\_DK [go to Q21]

**15a. How many times have you been pregnant?**

S2\_PREGNANT\_TIMES

\_\_\_\_\_ times \_\_\_\_\_DK \_\_\_\_\_REF  
<1-5> <<1-97>>

**15b. How old were you the first time you became pregnant?**

S2\_FIRST\_PREG\_AGE

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
 <1-current age> <<1-97>>

**16. How many children (live and still births) have you had? Please include all children even if they are no longer alive.**

S2\_TOTAL\_BIRTHS

\_\_\_\_\_ children \_\_\_\_\_DK \_\_\_\_\_REF  
**[If Q16=zero, Go to Q21]**

**17. How old were you when you first delivered a baby?**

S2\_FIRST\_BIRTH\_AGE

\_\_\_\_\_ (fill in) \_\_\_\_\_DK \_\_\_\_\_REF  
 <1-current age> <<1-97>>  
**[If Q14c = Yes , Go to Q19]**  
**[If Q16=1 , Go to Q19]**

**18. How old were you when your youngest child was born?**

S2\_LAST\_BIRTH\_AGE

\_\_\_\_\_ years \_\_\_\_\_DK \_\_\_\_\_REF  
 <Q18age>Q17age> <<1-97>>

**[Allow as many spaces for names as number of children in Q16 up to a maximum of 15]**

**Q19. What are the names of your children age 18 and under? (First, middle and last)**

IF NO CHILDREN UNDER AGE 18, LEAVE BLANK AND PRESS ENTER. AFTER LAST NAME, LEAVE BLANK AND PRESS ENTER.

\_\_\_\_\_ \_\_\_\_\_DK \_\_\_\_\_REF

**[Ask for each name in Q19]**

**Q20. What is (auto fill in of name) date of birth?**

S2\_CBDATE\*\* (01..15)

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_DK \_\_\_REF  
MM    DD    YYYY  
<<date type>>

**21. Last year, how many children did you have living with you that were under the age of 18 (include stepchildren, adopted children, grandchildren and those who have died)?**

A2\_KIDS\_LAST\_YR16 (version 1 only used age 16 instead of age 18)      A2\_KIDS\_LAST\_YR18 (later versions)

\_\_\_\_ (fill in)      \_\_\_DK \_\_\_REF  
<0-97>

**[If Q21= 0, DK or Ref, GO TO END OF MODULE]**

**22. Since (year of enrollment), have any of THOSE children, under the age of 18 that were living in your household, had any incidents with fertilizers, herbicides, or other pesticides that caused them an unusually high personal exposure (include stepchildren, adopted children, grandchildren and those who have died)?**

A2\_KIDS\_EXPOSE16 (version 1 only used age 16 instead of age 18)      A2\_KIDS\_EXPOSE18 (later versions)

1. yes      \_\_\_REF **[GO TO END OF MODULE]**  
2. no      **[GO TO END OF MODULE]**      \_\_\_DK **[GO TO END OF MODULE]**

**22a. How many of these exposure incidents were there altogether?**

S2\_KIDS\_NUMEXP

\_\_\_\_ (fill in)      \_\_\_DK \_\_\_REF  
<<1-97>>

**22b. How many children were involved?**

S2\_KIDS\_INVOLVED

\_\_\_\_ (fill in)      \_\_\_DK \_\_\_REF  
<<1-97>>

**22c. Were any of the incidents during the last 12 months?**

S2\_KIDS\_EXP1YR

1. yes      \_\_\_REF **[GO TO END OF MODULE]**  
2. no      **[GO TO END OF MODULE]**      \_\_\_DK **[GO TO END OF MODULE]**

**Thinking about the most recent incident that occurred this year:**

**23. Did this incident occur:**

S2\_KIDS\_INCIDENT READ RESPONSES

- 1. In the fields [GO TO Q24]  REF
- 2. In the home [GO TO Q24]  DK
- 3. Another place

**23a. Where was this?** \_\_\_\_\_(specify)  DK  REF

S2\_KIDS\_EXPPLACE

**24. What was the name of the chemical the child (children) was (were) exposed to?**

S2\_KIDS\_EXPCHEM

TYPE PESTICIDE NAME, THEN CHOOSE FROM LIST BY ENTERING. SELECT ONLY ONE PESTICIDE. IF MORE THAN ONE, MAKE REMARK. IF FERTILIZER, SELECT "OTHER".

DK  REF

[Insert pesticide list]

[At Q24, if "Other" is NOT selected, GO to Q24A]

**24B. What was this?** \_\_\_\_\_  DK  REF

S2\_KIDS\_EXPOTH

**24A. What is the name of the child involved(or the child that had the most symptoms)?**

\_\_\_\_\_ (fill in first, middle and last name)  DK  REF

**25. Was (were) the child (children) performing farming activities when the incident occurred?**

S2\_KIDS\_EXPFARM

- 1. yes  REF
- 2. no  DK

[Go to Decision Box before Q12 in Pesticide Module]